

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3840**

BIRTH NO. _____ **REG. DIST. NO.** 321 **PRIMARY REG. DIST. NO.** 4043 **Registrar's No.** 213

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>BOLLINGER</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>MARBLE HILL</u>	a. STATE <u>Mo.</u>	b. COUNTY <u>BOLLINGER</u>
c. LENGTH OF STAY (in this place) <u>1 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>6690</u>	d. STREET ADDRESS (If rural, give location) <u>NEAR MARBLE HILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL HORANCE TWP.</u>	
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>OLLIE</u>	b. (Middle) <u>RAY</u>	c. (Last) <u>KIRKPATRICK</u>	
(Type or Print)			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 12, 1878</u>
9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JAMES R. KIRKPATRICK</u>	13b. MOTHER'S MAIDEN NAME <u>EMILEY C. MABREY</u>	14. NAME OF HUSBAND OR WIFE <u>IDA M. KIRKPATRICK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Kirkpatrick, Marble Hill, Mo.</u>	
18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis - Cardiac de. compensation</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>A Rheumatic heart involvement</u>	
		DUE TO (c) <u>(2) Coronary Arteriosclerosis</u>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>✓</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>✓</u>	(COUNTY) <u>✓</u> (STATE) <u>✓</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>June 14, 1950</u> , to <u>June 22, 1950</u> , that I last saw the deceased alive on <u>June 21, 1950</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William E. Bates</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo. 714 Broadway</u>	23c. DATE SIGNED <u>3-5-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLEN ALLEN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>GLEN ALLEN Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>WUTESVILLE, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

See. 10-48, 10-49, 10-50, 10-51, 10-52, 10-53, 10-54, 10-55, 10-56, 10-57, 10-58, 10-59, 10-60, 10-61, 10-62, 10-63, 10-64, 10-65, 10-66, 10-67, 10-68, 10-69, 10-70, 10-71, 10-72, 10-73, 10-74, 10-75, 10-76, 10-77, 10-78, 10-79, 10-80, 10-81, 10-82, 10-83, 10-84, 10-85, 10-86, 10-87, 10-88, 10-89, 10-90, 10-91, 10-92, 10-93, 10-94, 10-95, 10-96, 10-97, 10-98, 10-99, 11-00, 11-01, 11-02, 11-03, 11-04, 11-05, 11-06, 11-07, 11-08, 11-09, 11-10, 11-11, 11-12, 11-13, 11-14, 11-15, 11-16, 11-17, 11-18, 11-19, 11-20, 11-21, 11-22, 11-23, 11-24, 11-25, 11-26, 11-27, 11-28, 11-29, 11-30, 11-31, 11-32, 11-33, 11-34, 11-35, 11-36, 11-37, 11-38, 11-39, 11-40, 11-41, 11-42, 11-43, 11-44, 11-45, 11-46, 11-47, 11-48, 11-49, 11-50, 11-51, 11-52, 11-53, 11-54, 11-55, 11-56, 11-57, 11-58, 11-59, 11-60, 11-61, 11-62, 11-63, 11-64, 11-65, 11-66, 11-67, 11-68, 11-69, 11-70, 11-71, 11-72, 11-73, 11-74, 11-75, 11-76, 11-77, 11-78, 11-79, 11-80, 11-81, 11-82, 11-83, 11-84, 11-85, 11-86, 11-87, 11-88, 11-89, 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RECEIVED

MAR 10 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-338

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. E. Graham

Signed _____
Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.